


# Part Submission Warrant

Part Name: <u>RET WIR HRNS,TIE STRAP</u>		Cust. Part Number: <u>EU5T-14E047-GA</u>	
Shown on Drawing No. <u>EU5T-14E047-FA</u>		Org. Part Number: <u>230347001</u>	
Engineering Change Level: <u>AELE E 12982958 216</u>		Dated: <u>06.07.2016</u>	
Additional Engineering Changes: _____		Dated: _____	
Safety and/or Government Regulation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Purchase Order No. _____ Weight (kg): <u>0,0032</u>	
Checking Aid No: _____		Checking Aid Engineering Change Level _____ Dated: _____	
<b>ORGANIZATION MANUFACTURING INFORMATION</b>		<b>CUSTOMER SUBMITTAL INFORMATION</b>	
A.Raymond Jablonec s.r.o. <u>49-504-2616</u>		Nursan Elektrik Donanım San. ve Tic. A.Ş.	
Organization Name & Supplier/Vendor Code		Customer Name/Division	
<u>Čs.Armády 27/4609</u>		Nadiye BARUTÇU	
Street Address		Buyer/Buyer Code	
<u>Jablonec nad Nisou 466 05 Czech republic</u>		Application	
City <u>Jablonec nad Nisou</u> Region <u>466 05</u> Postal Code <u>Czech republic</u>			
<b>MATERIALS REPORTING</b>			
Has customer-required Substances of Concern information been reported?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	
Submitted by IMDS or other customer format:		<u>IMDS ID - 679232676</u>	
Are polymeric parts identified with appropriate ISO marking codes?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> n/a	
<b>REASON FOR SUBMISSION (Check at least one)</b>			
<input checked="" type="checkbox"/> Initial Submission		<input type="checkbox"/> Change to optional Construction or Material	
<input type="checkbox"/> Engineering Change(s)		<input type="checkbox"/> Supplier or Material Source Change	
<input type="checkbox"/> Tooling: Transfer, Replacement, Refurbishment, or additional		<input type="checkbox"/> Change in part Processing	
<input type="checkbox"/> Correction of Discrepancy		<input type="checkbox"/> Parts Produced at Additional Location	
<input type="checkbox"/> Tooling Inactive > Than 1 year		<input type="checkbox"/> Other -please specify below	
		<b>Cavities no : 65 - 80</b>	
<b>REQUESTED SUBMISSION LEVEL (Check one)</b>			
<input checked="" type="checkbox"/> Level 1 - Warrant only (and for Designated appearance items, an Appearance Approval Report) submitted to customer.			
<input type="checkbox"/> Level 2 - Warrant with product samples and limited supporting data submitted to customer			
<input type="checkbox"/> Level 3 - Warrant with product samples and complete supporting data submitted to customer.			
<input type="checkbox"/> Level 4 - Warrant and other requirements as defined by customer.			
<input type="checkbox"/> Level 5 - Warrant with product samples and complete supporting data reviewed at organization's manufacturing location			
<b>SUBMISSION RESULTS</b>			
The Result for <input type="checkbox"/> dimensional measurements <input type="checkbox"/> material and functional tests <input type="checkbox"/> appearance criteria <input type="checkbox"/> statistical process package			
These results meet all design record requirements: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No" - Explanation Required)			
Mold/Cavity/Production Process <u>400009344 / 16</u>			
<b>DECLARATION</b>			
I affirm that the samples represented by this warrant are representative of our parts which were made by a process that meets all Production Part Approval Process Manual 4th Edition Requirements. I further affirm that these samples were produced at the production rate of <u>20000 / 8 hours.</u>			
I also certify that documented evidence of such compliance is on file and available for review. I have noted any deviations from this declaration below.			
<b>EXPLANATION/COMMENTS:</b> <u>A. Raymond considers the FMEA proprietary and our policy is not distribute it but make it available for review in our plant.</u>			
Is each Customer Tool properly tagged and numbered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> n/a			
Organization Authorized Signature <u></u>		Date <u>24.05.2022</u>	
Print Name <u>Ondrejкова, Martina</u>		Phone No. <u>+420 483 358 109</u> FAX No. _____	
Title <u>Quality engineer</u>		E-mail: <u>Martina.Ondrejкова@araymond.com</u>	
<b>FOR CUSTOMER USE ONLY (IF APPLICABLE)</b>			
PPAP Warrant Disposition: <input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Other _____			
Customer Signature: _____		Date: _____	
Print Name: _____		Customer Tracking Number (optional): _____	